



Office of the Director

150 North 18th Avenue, Suite 500
Phoenix, Arizona 85007-3249
(602) 542-1025
(602) 542-1062 FAX

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

May 26, 2010

Barbara Orlando, MS
Grants Management Officer
Division of Grants Management
Substance Abuse and Mental Health
Services Administration
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20850

RE: PATH Formula Grant (SM-10-F2)

Dear Ms. Orlando:

An original and two copies of the FY 2010 application for the PATH Formula Grant (SM ~~10~~-F2) are enclosed. I have signed and included in the application packet the agreement certifying compliance with the specific requirements of the PATH legislation.

If you have any question concerning the programmatic aspects of the application, please contact Heather Mathews, Senior Grants Coordinator, at (602) 364-4649. Questions concerning financial aspects of the application should be directed to Xiaoqing Liu, Central Budget Office, at (602) 542-2919.

Sincerely,

Will Humble
Director

WH:bf

Enclosures

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

☐ Preapplication

☒ Application

☐ Changed/Corrected Application

*2. Type of Application

☐ New

☒ Continuation

☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

2X06SM060003-07

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Arizona Department of Health Services

*b. Employer/Taxpayer Identification Number (EIN/TIN):

86-6004791

*c. Organizational DUNS:

804745420

d. Address:

*Street 1: 1740 W Adams Street

Street 2: _____

*City: Phoenix

County: _____

*State: AZ: Arizona

Province: _____

*Country: USA: United States

*Zip / Postal Code 85007

e. Organizational Unit:

Department Name:

Arizona Department of Health Services

Division Name:

Behavioral Health Services

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

*First Name: Heather

Middle Name: _____

*Last Name: Mathews

Suffix: _____

Title: Senior Grants Coordinator

Organizational Affiliation:

*Telephone Number: 602-364-4649

Fax Number: 602-364-4763

*Email: ellish@azdhs.gov

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Substance Abuse & Mental Health Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.150

CFDA Title:

Project for Assistance in Transition from Homelessness (PATH)

***12 Funding Opportunity Number:**

SM-10-F2

*Title:

FY 10 PATH Application

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Project for Assistance in Transition from Homelessness (PATH)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 04

*b. Program/Project: AZ-all

17. Proposed Project:

*a. Start Date: 07/01/2010

*b. End Date: 06/30/2011

18. Estimated Funding (\$):

*a. Federal	1,184,000
*b. Applicant	0
*c. State	394,667
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	\$1,578,667

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. *First Name: Will

Middle Name: _____

*Last Name: Humble

Suffix: _____

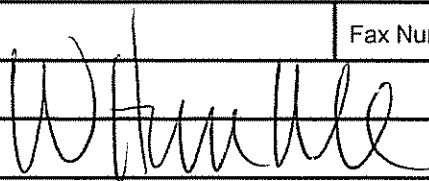
*Title: Director

*Telephone Number: 602-542-1025

Fax Number: 602-542-1062

* Email: will.humble@azdhs.gov

*Signature of Authorized Representative:



*Date Signed:

5/26/10

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

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BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY									
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Numbers (b)	Estimated Un-obligated Funds		New or Revised Budget					
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)1.			
1 PATH	93.150			\$1,184,000	\$394,667	\$1,578,667			
2						\$0			
3						\$0			
4						\$0			
5 TOTALS		\$0	\$0	\$1,184,000	\$394,667	\$1,578,667			
SECTION B - BUDGET CATEGORIES									
Object Class Categories	Grant Program, Function or Activity					Total (5)			
	(1)PATH	(2) State Match	(3)	(4)					
a. Personnel		\$29,156				\$29,156			
b. Fringe Benefits		\$11,662				\$11,662			
c. Travel		\$0				\$0			
d. Equipment		\$0				\$0			
e. Supplies		\$0				\$0			
f. Contractual		\$1,136,640	\$394,667			\$1,531,307			
g. Construction						\$0			
h. Other		\$297				\$297			
i. Total direct charges (sum of 6a-6h)		\$1,177,755	\$394,667	\$0	\$0	\$1,572,422			
j. Indirect Charges		\$6,245				\$6,245			
k. TOTALS (sum of 6i and 6j)		\$1,184,000	\$394,667	\$0	\$0	\$1,578,667			

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals	
8 PATH	\$1,184,000	\$394,667		\$1,578,667	
9				\$0	
10				\$0	
11				\$0	
12 TOTAL (sum of lines 8 and 11)	\$1,184,000	\$394,667	\$0	\$1,578,667	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13 Federal	\$1,184,000	\$296,000	\$296,000	\$296,000	\$296,000
14 Non-Federal	\$394,667	\$98,666.75	\$98,666.75	\$98,666.75	\$98,667
15 TOTAL (sum of lines 13 and 14)	\$1,578,667				
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) GRANT PROGRAM	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16					
17					
18					
19					
20 TOTALS (sum of lines 16-19)	\$0	\$0	\$0	\$0	
SECTION F - OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary)					
21 Direct Charges:	Indirect Charges: 15.3% of personnel and fringe				
23 "Other" are ITS Direct Charges; rate is .72822%					

Section A: Executive Summary

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) will utilize PATH funds to provide an array of services to individuals and families who are homeless and have a serious mental illness (SMI), including those with co-occurring substance use disorders. PATH funds are distributed based on demographic and geographic characteristics through a competitive request for proposals process.

1. Organizations to Receive Funds:

ADHS/DBHS issued a Request for Proposals (RFP) in February 2010 in order to contract with organizations that will receive PATH funds during SFY 2011. The RFP process has been completed as of May 18, 2010; revised intended us plans and budgets will be submitted as an addendum to the application.

Maricopa County - Southwest Behavioral Health Services

Funding: \$644,075 (Federal), \$225,685 (State)

Pima County -Community Partnership of Southern Arizona

Funding: \$351,640 (Federal), \$120,494 (State)

Cochise County- Community Partnership of Southern Arizona

Funding: \$33,012 (Federal), \$11,004 (State)

Northern Arizona Regional Behavioral Health Authority

Funding: \$107,913 (Federal), \$37,484 (State)

ADHS/DBHS Funding: \$47.360 (Federal Funds Only)

Personnel Services:	\$ 29,156
Fringe Benefits:	\$ 11,662 (calculated at 40% of Total Personnel)
In-State Travel:	\$
Operating Cost	\$
IT Direct Charges:	\$ 297
	(calculated at .72822% of Personnel Services, Fringe, Travel and Operating)
Indirect Charges:	\$ 6,245
	(calculated at 15.1% of Personnel Services and Fringe)

Total Federal Award: \$1,184,000 State Match: \$394,667 Total: \$1,578,667

2. Service Areas:

The three most populous counties in Arizona will be served; Maricopa County, Pima County and Coconino County. Beginning July 1, 2010, Cochise County will be added in the Community Partnership of Southern Arizona (CPSA) region.

3. Services to be Supported:

At a minimum, contractors receiving PATH funds will provide a point of contact for food, clothing, water, blankets, shelter and other basic living skills to move from

homelessness; Linkages with the behavioral health crisis system; Assistance in getting prescriptions filled; Assistance with behavioral health system and/or substance abuse treatment enrollment; AHCCCS for T-XIX enrollment; Referral for aftercare support including but not limited to case management, housing, and transportation; Assistance in obtaining medical records, picture ID, social security cards and affordable housing; Outreach and engagement activities and community education; Field assessments and evaluations; Intake assistance/emergent and non emergent triage; Transportation assistance (bus tokens and transporting); Assistance in meeting basic skills; Assistance in getting prescriptions filled; Moving assistance; Transition into the behavioral health case management system; and Assistance in locating cooling and water stations during extreme heat and shelter during winter alerts.

4. Number of Persons Contacted:
Arizona expects to contact over 7,500 persons during SFY 2011.
5. Number of Clients to be Served:
Of the 7,500 estimated contacts, Arizona plans to serve 4,900 individuals.

Section B: State-Level Information

1. State's Operational Definitions:
 - a. Homeless individual – An individual or family who lacks a fixed, regular, and adequate night time residence or; An individual or family who has a primary nighttime residence that is:
 - i. A supervised publicly or privately operated shelter designated to provide temporary living accommodations (including hotels, congregate shelters, and transitional housing for the mentally ill),
 - ii. An institution that provides a temporary residence for individuals intended to be institutionalized, or
 - iii. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Persons who do not meet the above criteria may also be considered homeless if they are being evicted within two weeks from a dwelling unit or are persons being discharged from institutions in which they have been residents for more than 30 consecutive days.
 - b. Imminent risk of becoming homeless – An individual or family who meet the following criteria:
 - i. Doubled up living arrangements where the individual's name is not on the lease,
 - ii. Living in a condemned building without a place to move,
 - iii. Arrears in rent/utility payments,
 - iv. Having received an eviction notice without a place to move,
 - v. Living in temporary or transitional housing that carries time limits,
 - vi. Being discharged from a health or criminal justice institution without a place to live, and

- vii. People being evicted from dwelling units or are persons being discharged from mental health institutions or jail in which they have been residents for more than thirty (30) days.
 - c. Serious mental illness - A condition of persons who are eighteen (18) years of age or older and who, as a result of a mental disorder as defined in A.R.S §36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or service of a long term or indefinite duration. In these persons mental disability is severe and persistent, resulting in long term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.
 - d. Co-occurring serious mental illness and substance use disorders – Persons diagnosed with a chronic mental disorder and substance abuse who exhibit impaired emotional or behavioral functioning which substantially interferes with their capacity to remain in the community without supportive treatment or services.
 - e. Eligibility – Persons eligible for PATH services must be experiencing homelessness (as defined above) and a mental illness or co-occurring mental illness and substance use disorder.
 - f. Enrollment – An individual enrolled in PATH services when the eligibility criteria are met, release of information forms have been signed and data elements to identify the individual as mentally ill and/or co-occurring substance user are met.
 - g. Youth – A child and/or youth under the age of 18 who lacks a fixed, regular, and adequate night-time residence.
2. Number of Homeless Individuals by Region: An annual point-in-time shelter survey conducted on January 27, 2009 identified the number of homeless individuals with a serious mental illness or co-occurring serious mental illness and substance use disorder in Arizona. It is important to note that only individuals residing in emergency shelters and transitional housing were included in the survey. A street count of homeless persons was conducted concurrently, however, persons counted on the street were not identified as having a serious mental illness or co-occurring serious mental illness and substance use disorder.

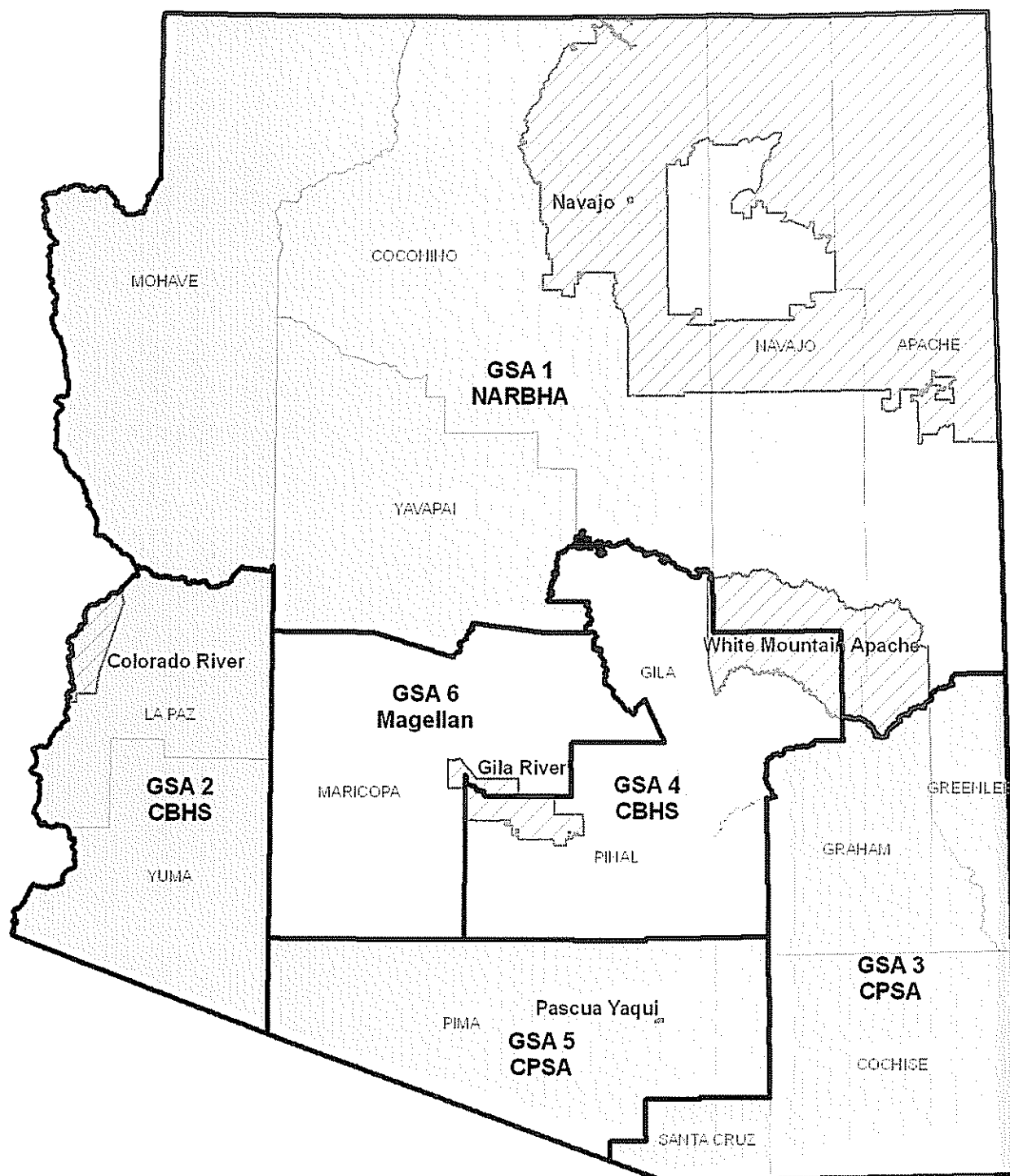
Table 1. Homeless Individuals by Region

County	SMI	Co-Occurring	Total
Apache	16	2	18
Coconino	53	33	86
Mohave	24	5	29
Navajo	21	11	32
Yavapai	11	50	61

Maricopa	1782	238	2020
Yuma	61	21	82
La Paz	18	8	26
Pinal	7	9	16
Gila	0	0	0
Cochise	51	24	75
Graham & Greenlee*	0	0	0
Santa Cruz*	0	0	0
Pima	479	592	1071
State Total	2523	993	3516

*Data from these counties has been combined with Cochise County

Arizona RBHA / TRBHA



3. How PATH funds are allocated:

ADHS/DBHS allocates PATH funds through a competitive request for proposals process.

- a. Relation to need for services – PATH grant allocations are made to entities that provide services within the three most populous counties in Arizona (Maricopa, Pima and Coconino Counties). Beginning July 1, 2010, Cochise County will be added in the CPSA region.
- b. Special consideration for veterans – Recipients of PATH funds are required to form working relationships with the Veterans Administration Medical Center, the State Veterans' Services and the U.S. Vets to assist with coordination of services for homeless veterans. This includes coordinating mental health care, benefits assistance, medical care, emergency, transitional, and permanent housing to homeless vets and participation in StandDown and Chaleng events.

4. Consistency with State comprehensive mental health services plan:

Two goals within the State comprehensive mental health services plan directly relate to services provided by PATH funds. (1) Increase access to behavioral health services for persons diagnosed with serious mental illness; (2) Decrease the number of adult consumers who are homeless or living in shelters.

5. Consistency with State Plan to End Homelessness:

The PATH grant and comprehensive mental health services plan are both created within the ADHS/DBHS Bureau of Grants Management and Information Systems which allows for consistency among plans and services. The Bureau routinely collaborates with other areas within ADHS/DBHS such as clinical practice improvement, quality management and finance. Services provided by PATH teams directly impact housing and homelessness goals within the comprehensive mental health service plan.

6. Funds dedicated to people who are homeless and have SMI:

- a. Community Mental Health Block Grant (CMHS) – Funds provided by the mental health block grant are utilized for services to persons with serious mental illness and children with serious emotional disturbance, including those who are homeless or at imminent risk of being homeless.
- b. Substance Abuse Prevention & Treatment Block Grant – Provisions are made through the substance abuse block grant for services to be delivered through street outreach/drop-in centers serving homeless individuals with substance disorders at high risk for HIV, in addition to other community settings such as probation offices, domestic violence facilities and homeless shelters.
- c. State General Fund Revenue – State general funds allocated as match for PATH federal funds are specifically targeted for persons who are homeless and have a serious mental illness or co-occurring substance use disorder.

7. Programmatic and Financial Oversight:

ADHS/DBHS will monitor PATH activities through multiple deliverables. Contractors are required to submit quarterly reports to ADHS/DBHS detailing the number of individuals receiving PATH services by census and demographics. An annual narrative and statistical report is due each January to SAMHSA and ADHS/DBHS. Quarterly and

annual detailed expenditure reports and a copy of the contractor's audit report (OMB A-133) are also required.

In addition to reporting, contractors are subject to at least one on-site program review per geographic service area each year. The review consists of an examination of all aspects of PATH program operations including chart reviews to determine grant and contract compliance, interviews with PATH enrolled consumers and PATH staff, and direct observation of program activities, outreach and engagement techniques used to assist clients in PATH enrollment, community involvement activities for tailored referrals, in kind contributions and charitable choice activities.

ADHS/DBHS holds several meetings with PATH contractors to identify areas of strength and areas that require improvement to ensure that the needs of homeless individuals with serious mental illness are addressed in each region. At minimum, these quarterly and annual meetings increase coordination among the geographic service areas and provide opportunities to provide technical assistance and training.

Each PATH program is required to participate in the Homelessness Management Information System (HIMS). This is a federal data collection system designed to help coordinate services, reduce duplication of services, and to increase the accuracy of data collected on the number of homeless persons throughout the country. ADHS/DBHS will monitor the data and information PATH teams input into HIMS.

8. Training for Local PATH-funded Staff:

ADHS/DBHS provides technical assistance and training at quarterly and annual meeting for the PATH contractors. Local PATH providers are required to conduct and attend homeless service provider specific trainings which will allow them to gain additional skills to address the needs of individuals who are homeless. Additional assistance is given upon request.

9. Source of PATH Match:

Required non-Federal contributions are available through the State General Fund. The State contribution will be available at the beginning of the grant period.

10. Public Notice:

A draft of this grant application is posted on the ADHS/DBHS website for public comment. In addition, the document was e-mailed by ADHS/DBHS' Policy Office to a list serve containing a wide array of stakeholders. These two mechanisms allow for comment by persons who are eligible for PATH services, family members, employees of behavioral health and housing provider agencies and the general public.

Section C: Local Provider Intended Use Plans

Arizona conducted a competitive request for proposals process to secure contracts for PATH activities. The contracts were awarded on May 18, 2010 and revised intended use plans and

budgets have been requested from the contractors; ADHS/DBHS will submit revised intended use plans to SAMHSA.

Appendix A

ASSURANCES – NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

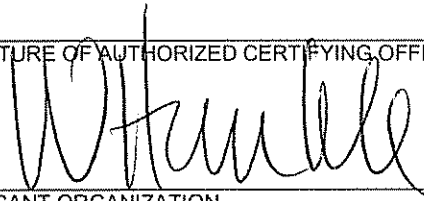
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Will Humble, Director	
APPLICANT ORGANIZATION ARIZONA DEPARTMENT OF HEALTH SERVICES	DATE SUBMITTED 5/26/10	

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about –
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will –
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted –

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under signed, to any

person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

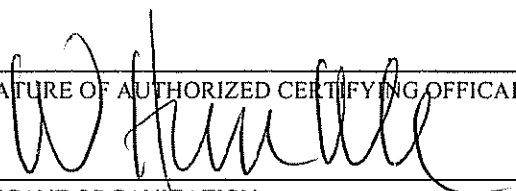
Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



TITLE

Will Humble, Director

APPLICANT ORGANIZATION

ARIZONA DEPARTMENT OF HEALTH SERVICES

DATE SUBMITTED

5/26/10

APPENDIX E: AGREEMENTS

FISCAL YEAR 2010

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

AGREEMENT

ARIZONA

I hereby certify that the State of _____ agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who

- a) are suffering from serious mental illness; or (b) are suffering from serious mental illness and have a substance use disorders; and
- b) are homeless or at imminent risk of becoming homeless.

Section 522 (b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

1. outreach;
2. screening and diagnostic treatment;
3. habilitation and rehabilitation;
4. community mental health;
5. alcohol or drug treatment;
6. staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
7. case management services, including
 - a) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months.
 - b) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing

- c) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - d) referring the eligible homeless individual for such other services as may be appropriate; and
 - e) providing representative payee services in accordance with Section 1631(a) (2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- 8. supportive and supervisory services in residential settings;
 - 9. referrals for primary health services, job training, education services and relevant housing services;
 - 10. housing services [subject to Section 522(h) (1)] including
 - a) minor renovation, expansion, and repair of housing;
 - b) planning of housing;
 - c) technical assistance in applying for housing assistance;
 - d) improving the coordination of housing services;
 - e) security deposits;
 - f) the costs associated with matching eligible homeless individuals with appropriate housing situations; and
 - g) one-time rental payments to prevent eviction.
 - h) other appropriate services, as determined by the Secretary.

Section 522 (c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly or through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522 (d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The State agrees that grants pursuant to Section 522(a) will not be made to any entity that

- 1. has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- 2. has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f). Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g). The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h). The State agrees that

1. not more than 20 percent of the payments will be expended for housing services under Section 522(b)(10); and
2. the payments will not be expended
 - a) to support emergency shelters or construction of housing facilities;
 - b) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - c) to make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a Statement

- identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- containing a plan for providing services and housing to eligible homeless individuals, which;
 - d) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - e) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- describing the source of the non-Federal contributions described in Section 523;
- containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;

- describing any voucher system that may be used to carry out this part; and
- containing such other information or assurances as the Secretary may reasonably require.

Section 527(a) (1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula Grant amounts for which the State is applying. This description

- identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a) (4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c) (1) (2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2010, prepare and submit a report providing such information as is necessary for

1. securing a record and a description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2010 and of the recipients of such amounts; and
2. determining whether such amounts were expended in accordance with the provisions of Part C - PATH.

Section 528(b).

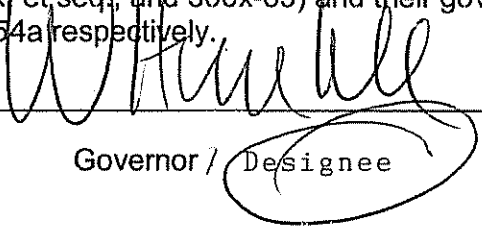
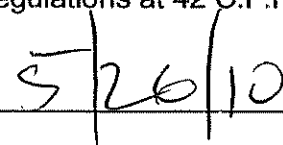
The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

State agrees to send a representative to any annual or biennial meetings of State PATH Contacts.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

 _____ Governor / Designee	 _____ Date
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STATE OF ARIZONA

JANICE K. BREWER
GOVERNOR

EXECUTIVE OFFICE

May 17, 2010

Barbara Orlando
Grants Management Specialist
Division of Grants Management, OPS
SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, Maryland 20857

Dear Ms. Orlando:

I am designating Will Humble, Director at the Arizona Department of Health Services, as the signature authority for the Substance Abuse Prevention and Treatment Block Grant, the Projects for Assistance in Transition from Homelessness (PATH) and Community Mental Health Services Block Grant. The authority includes the signing of any standard federal forms such as the Assurances, Certifications and Disclosure of Lobbying Activities. I also designate that Mr. Humble shall have signature authority during my term as Governor of Arizona.

If you have any questions, please contact Mr. Humble at (602) 542-1027.

Sincerely,

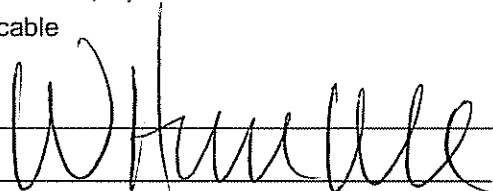
A handwritten signature in black ink that reads "Janice K. Brewer". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Janice K. Brewer
Governor

JKB:bkI

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		2. Status of Federal Action <input checked="" type="checkbox"/> a. bid/offer/application b. initial award c. post-award		3. Report Type: <input checked="" type="checkbox"/> a. initial filing b. material change For Material Change Only: Year ____ Quarter ____ date of last report ____	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier ____, if known: Arizona Department of Health Services 1740 West Adams Phoenix, AZ 85007 Congressional District, if known:			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency: SAMHSA			7. Federal Program Name/Description: Project for Assistance in Transition from Homelessness CFDA Number, if applicable: 93.150		
8. Federal Action Number, if unknown			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Entity Not Applicable			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI). Not Applicable 		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: Will Humble Title: Director Telephone No.: 602-542-1025 Date: 5/26/10		
Federal Use Only:			Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)		

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC.

Clearance Officer, 1600 Clifton Road, MS D-24 Atlanta, GA 30333, Attn: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☐ New ☒ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: the following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Proper Signature and Date on PHS-5161-1 "Certifications" page	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. If your organization currently has on file with DHHS the following Assurances, please identify which have been filed by indicating the Date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)		
<input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80)	03/24/1997	
<input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45CFR 84)	03/24/1997	
<input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45CFR 86)	03/24/1997	
<input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45CFR 90 & 45 CFR 91)	03/24/1997	
5. Human Subjects Certification, when applicable (45CFR 46)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PART B: this part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the appropriate box been checked for item #16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	<input checked="" type="checkbox"/>	
3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE	<input checked="" type="checkbox"/>	
4. Have biographical sketch(es) with job description(s) been attached, when required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	<input checked="" type="checkbox"/>	
6. Has the 12 month detailed budget been provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Has the budget for the entire proposed project period with sufficient detail been provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. For a Supplemental application, does the detailed budget address only the additional funds requested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. For Competing continuation and Supplemental applications, has a progress report been included?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name Will Humble
 Title Director
 Organization Arizona Department of Health Services
 Address 150 N. 18th Ave., Phoenix, AZ 85007
 E-mail Address will.humble@azdhs.gov
 Telephone Number (602) 542-1025
 Fax Number (602) 542-1062

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program

Name Heather Mathews
 Title Senior Grants Coordinator
 Organization Arizona Department of Health Services
 Address 150 North 18th Avenue, Phoenix, AZ 85007
 E-mail Address ellish@azdhs.gov
 Telephone Number (602) 364-4649
 Fax Number (602) 364-4763

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

SOCIAL SECURITY NUMBER

HIGHEST DEGREE EARNED

8 6 - 6 0 0 4 7 9 1

- -

Project/Performance Site Location(s)

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization

Project/Performance Site Primary Location

Organization Name: Arizona Department of Health Services

DUNS Number: 804745420

* Street1: 1740 W Adams Street

Street2:

* City: Phoenix County: Maricopa

* State: AZ

Province:

* Country: USA

* ZIP / Postal Code: 85007 * Project/Performance Site Congressional District: 04

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization

Project/Performance Site Location 1

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/Performance Site Congressional District:

Project/Performance Site Location(s)

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization

Project/Performance Site Primary Location

Organization Name:	Arizona Department of Health Services		
DUNS Number:	804745420		
* Street1:	1740 W Adams Street		
Street2:			
* City:	Phoenix	County:	Maricopa
* State:	AZ		
Province:			
* Country:	USA		
* ZIP / Postal Code:	85007	* Project/Performance Site Congressional District:	04

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization

Project/Performance Site Location 1

Organization Name:	Southwest Behavioral Health Services, Inc		
DUNS Number:	072443062		
* Street1:	3450 North 3rd Street		
Street2:			
* City:	Phoenix	County:	Maricopa
* State:	AZ		
Province:			
* Country:	USA		
* ZIP / Postal Code:	85012-2331	* Project/Performance Site Congressional District:	04

Project/Performance Site Location(s)

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization

Project/Performance Site Primary Location

Organization Name: Arizona Department of Health Services

DUNS Number: 804745420

* Street1: 1740 W Adams Street

Street2:

* City: Phoenix County: Maricopa

* State: AZ

Province:

* Country: USA

* ZIP / Postal Code: 85007 * Project/Performance Site Congressional District: 04

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization

Project/Performance Site Location 2

Organization Name: Community Partnership of Southern Arizona

DUNS Number: 015294259

* Street1: 535 N Wilmot Road, Suite 201

Street2:

* City: Tucson County: Pima

* State: AZ

Province:

* Country: USA

* ZIP / Postal Code: 85711-2629 * Project/Performance Site Congressional District: 07

Project/Performance Site Location(s)

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization

Project/Performance Site Primary Location

Organization Name: Arizona Department of Health Services

DUNS Number: 804745420

* Street1: 1740 W Adams Street

Street2:

* City: Phoenix County: Maricopa

* State: AZ

Province:

* Country: USA

* ZIP / Postal Code: 85007 * Project/Performance Site Congressional District: 04

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization

Project/Performance Site Location 4

Organization Name: NARBHA

DUNS Number: 175182463

* Street1: 1300 S Yale Street

Street2:

* City: Flagstaff County: Coconino

* State: AZ

Province:

* Country: USA

* ZIP / Postal Code: 86001-6328 * Project/Performance Site Congressional District: 01